

Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

15976

Application ID:

10064221

Title of Invention:

Method And System For

Determining Receipt Of A

Delayed Cookie In A Client-Server Architecture

First Named Inventor:

Lawrence Miller

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2002-06-21

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

36287.03500

Digital Certificate Holder:

cn=Chris Lansing Holm, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

6W5aLqFMThxiMeCjuYV3XQ==

Total Fees Authorized:

\$824.0

Payment Category:

DA - Deposit Account

Deposit Account Number:

133250

Deposit Account Name:

Chris L. Holm

TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility

Patent Filing

Attorney Docket Number:

36287.03500

Method And System For Determining Receipt Of A Delayed Cookie In A Client-Server Architecture

First Named Inventor: Mr. Lawrence Miller

SUBMITTED BY

Name:

Mr. Chris L. Holm

Registration Number:

39227

Electronic Signature Mark: Chris L.

Holm

Date Signed: 20020621

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

03500dec1.TIF

declaration

03500dec2.TIF

declaration

declaration

bibd-transmittal

fee-transmittal

specification

03500dec3.TIF

03500dec4.TIF

03500apds.xml

03500fee.xml

03500.xml

Attached Image File(s):

03500dec1.TIF

03500dec2.TIF

03500dec3.TIF

03500dec4.TIF

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention Metho Client-Server Architectur	d and System For Determining Receipt Of A Delayed Cookie In A					
As the below named invent	ior(s), I/we declare that:					
This declaration is directed	to:					
	The attached application, or					
	Application No, filed on,					
	as amended on (if applicable);					
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVENTOR	(S)					
Inventor one: Lawrence I	MILLER					
Signature:	Citizen of: United States					
Inventor two: William DE	ANS					
Signature:	Citizen of: United States					
Inventor three: Mike MOO	RE					
Signature:	Citizen of: United Kingdom					
Inventor four:						
Signature:	Citizen of:					
Additional inventors are being	named on additional form(a) attached barata					

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office,

Please type a plus sign (+) inside this box	$\rightarrow \boxed{+}$
---	-------------------------

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

required to respond to a collection of in	formation unless it displays a valid OMB control number.
Application Number	ТВА
Filing Date	Herewith
First Named Inventor	MILLER et al.
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	36287-03500

I hereby a	ppoint:			·	. Γ	Place C	Customer
1 —	oners at Co	ustomer Number	27171			Number	Bar Code
OR ☐ Practition	nor(e) eo	mod holour			L	Label he	ere
Fractic	nier(s) nai	Nam			Registration	Atumbo	. 1
[Nan			Registration	Numbe	
[
1							
l [
L	·						
Trademark	office con	or agent(s) to pro nected therewith.	secute the application	denune	d above, and to tr	ansact a	If business in the Patent and
Please cha	ange the c	orrespondence ad	dress for the above-i	dentified	application to:		·
The ab	ove-ment	oned Customer N	lumber.				Customer
	ners at Cu	ıstomer Number				Numbe Labei h	er Bar Code nere
OR			<u> </u>		L		
Firm or	al Name						
Address							
Address							
City				State		ZIP	
Country	,						
Telephone				Fax			
I am the:					·		
Applica	ant/Invento	or.					
☐ Assign	ee of reco	ard of the entire in	terest. See 37 CFR 3	71			
			enclosed. (Form PT)).		
			GNATURE of Applic			ď	
Name	Lawrence	e MILLER			· · · · · · · · · · · · · · · · · · ·		
Signature							
Date							
						their rep	presentative(s) are required.
Submit multip	ple forms	if more than one	signature is require				
	এ torms a	re submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	TBA	
Filing Date	Herewith	
First Named Inventor	MILLER et al.	
Group Art Unit	TBA	
Examiner Name	TBA	
Attorney Docket Number	36287-03500	

I hereby appoint: ☑ Practitioners at Customer Number ②R □ Practitioner(s) named below: Name □ Registration Number □ Registration										
Address City State ZIP Country Telephone Fax Lam the: Applicant/Inventor. Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Summit Mumber of Registration Number Place Customer Number Bar Code Label here Number Bar Code Label here Registration Number Place Customer Number Bar Code Label here Number Bar Code	1 '	•	Г				Place C	ustomer		
Address City State ZiP Country Telephone Fax I am the: Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date Name Name Registration Number Place Customer Number Bar Code Label here Rumber Bar Co	. –	oners at Ci	ustomer Number L	27171						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number		ner(s) nar	ned below:			` l				
Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	l [Name			Registration	on Numbe	Γ		
Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	1 [*****								
Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	1 }				 					
Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	l t				-					
Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	l				 					
Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	<u> </u>				L		·		t	
The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our a Trademark (ttorney(s) Office con	or agent(s) to prose nected therewith.	ecute the application ide	entified ab	ove, and to	transact al	l business i	n the F	atent and
OR Practitioners at Customer Number Number Bar Code Label here	Please cha	ange the c	orrespondence add	ress for the above-iden	tified appl	ication to:			,	
Practitioners at Customer Number OR Firm or Individual Name		ove-ment	oned Customer Nu	mber.						
OR Firm or Individual Name		ners at Ci	istomer Number			─			l	
Individual Name Address Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		al Name								
City State ZIP Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address									
Telephone Fax I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address				_					
Telephone Fax I am the: ☐ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City			St	ate		ZIP			
I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country									
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone			F	ax					
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:									
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		ant/Invent	or.							
Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Assign	nee of reco	ord of the entire inte	rest. See 37 CFR 3.71						
Name William DEANS Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Certific	ate under	37 CFR 3.73(b) is e	enclosed. (Form PTO/S	B/96).					
Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			SIG	NATURE of Applicant	or Assig	nee of Reco	ord			
Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name	William	DEANS							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature									
Submit multiple forms if more than one signature is required, see below*.										
							or their rep	presentative	e(s) ar	e required.
KA TOTAL OLO TOTALO ALO SUMISILO.				ignature is required, s	ee neiow	·				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	7	1
---	---	---

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
J.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TBA

36287-03500

u.s. Patent and are required to respond to a collection of	Trademark Office; U.S. DEPARTMENT OF COMMERCE information unless it displays a valid OMB control number
Application Number	TBA
Filing Date	Herewith
First Named Inventor	MILLER et al.
Group Art Unit	TBA
	Application Number Filing Date First Named Inventor

Attorney Docket Number

Examiner Name

l hereby a	annoint:								_
	• •	ustomer Number	07474			Place Cu	ıstomer		
OR	Olicisal	USTOTIET HUMBE	27171			Number l Label hei	Bar Code re		
☐ Practiti	oner(s) na	med below:			L	Lavorrio			
1		Nam	e		Registratio	n Number			
								İ	
									
									
as my/our a	ttornev(s)	or agent(s) to pro-	secute the application	n identifie	d ahove and to t	raneart all	husinges in	the Detent and	
Trademark	Office con	nected therewith.	Mount are approach.	I IQUITATION,	J 600vo, and to a	disavi aii	Duanicaa ni	lite Faterit and	
Please cha	ange the co	orrespondence ad	idress for the above-i	identified	application to:				
☐ The at		ioned Customer N				Place Cu		_	
OR		I				Number	Bar Code		
OR Practition	oners at Cu	ustomer Number				Label he	re		
Firm or	***				***				
Individua Address	al Name				· · · · · · · · · · · · · · · · · · ·	*			
Address									
									
City				State	· · · · · · · · · · · · · · · · · · ·	ZIP			
Country								· · · · · · · · · · · · · · · · · · ·	
Telephone				Fax					
I am the:	***				_				
	ant/Invento								
			erest. See 37 CFR 3						
OGIGNO	ate unuer c		enclosed. (Form PTC						
-1	Г _{- 140}		SNATURE of Applica	ant or As	signee of Recor	d			
Name	Mike MO	ORE							
Signature								····	
Date	tures of o	II the incomtons							
Submit multip	ole forms i	it more than one s	r assignees of record signature is required	d of the e d, see be'	entire interest or low*.	their repre	asentative(s	s) are required.	
★Total of :	3 forms ar	e submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FEE TRANSMITTAL

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$824

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number:

13-3250

Deposit Account Name:

Milbank Tweed Hadley & McCloy LLP

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name:

Chris L. Holm

Electronic Signature Mark:

Chris L. Holm

Date Signed:

20020621

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 10	103	\$ 18	0	\$ 0
Independent Claims: 4	102	\$ 84	1	\$ 84